


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><small>(to be used for all correspondence after initial filing)</small></p>		Application Number	09/714,997-Conf. #6701
		Filing Date	November 20, 2000
		First Named Inventor	Robert C. Ross, Jr.
		Art Unit	2143
		Examiner Name	G. C. Neurauter
Total Number of Pages in This Submission		Attorney Docket Number	36956-168147

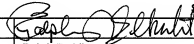
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form SB-17 <input checked="" type="checkbox"/> Transmittal Form SB-21 <input checked="" type="checkbox"/> Amendment and Reply to Final Office Action <input checked="" type="checkbox"/> Amendment Transmittal <input checked="" type="checkbox"/> Yellow filing receipt <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	VENABLE LLP		
Signature			
Printed name	Ralph P. Albrecht		
Date	May 9, 2008	Reg. No.	43,466

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2008</h3>		Complete if Known Application Number 09/714,997-Conf. #6701 Filing Date November 20, 2000 First Named Inventor Robert C. Ross, Jr. Examiner Name G. C. Neurauter Art Unit 2143 Attorney Docket No. 36956-168147	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	0.00	

METHOD OF PAYMENT (check all that apply)			
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____			
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number	22-0261	Deposit Account Name: Venable LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)			
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES				SEARCH FEES		EXAMINATION FEES	
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
							Small Entity Fee (\$)
							Fee (\$)
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues)							50 25
Each independent claim over 3 (including Reissues)							210 105
Multiple dependent claims							370 185
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
15	- 20 = 0	x 25.00 =	0.00	Fee (\$)	Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
3	- 4 = 0	x 105.00 =	0.00				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
	- 100 =	/50 =	(round up to a whole number) x				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge):							

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	43,466
Name (Print/Type)	Ralph P. Albrecht	Telephone	(703) 760-1681
		Date	May 9, 2008

AMENDMENT TRANSMITTAL LETTER

Docket No.
38956-168147

Application No.
09/714,997-Conf. #6701

Filing Date
November 20, 2000

Examiner
G. C. Neurauter

Art Unit
2143

Applicant(s): Robert C. Ross, Jr.

Invention: **SYSTEM, METHOD, AND COMPUTER PROGRAM PRODUCT
FOR PROVIDING A MULTI-USER E-MAIL SYSTEM**

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	15	- 20 =	0	x 25.00	0.00
Independent Claims	3	- 4 =	0	x 105.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): NOTE: 2-mo. Extension of Time filed with Notice of Appeal 4/9/2008					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00

☐ Large Entity

☒ Small Entity

☒ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

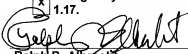
☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 22-0261
as described below.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


Ralph P. Albright
Attorney/Agent Reg. No.: 43,466

Dated: May 9, 2008

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P.O. Box 34385
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(703) 760-1681